

TURKEY RUN WORKSHOP REGISTRATION:

Please print this form and complete **BOTH** pages. Send the form with your check made payable to: **IICCA**

PLEASE PRINT LEGIBLY

Name: _____ Title: _____

School: _____ Phone: _____

School Address: _____

City: _____ State: _____ Zip: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email _____

Affiliation: ___ ICT ___ COE ___ ICE ___ ME ___ FACS

 ___ AG ___ OTHER _____

REGISTRATION & DUES:

_____ 2008 IICCA WORKSHOP REGISTRATION	\$30
(includes a new thumb drive to copy materials, etc.)	
_____ IICCA 2008-09 DUES	\$10
(Indiana Industrial Cooperative Coordinators Association)	
_____ Indiana ACTE DUES	\$30
(Indiana Association of Career and Technical Education)	
_____ ACTE DUES	\$60
(National Association of Career and Technical Education)	
_____ OTHER AFFIALATES DUES _____	\$ _____
	TOTAL \$ _____

ADDITIONAL INFORMATION

Attendance:

This is my 1st workshop I have attended 4-6 times

I have attended 1-3 times I have attended 7+ times

Years as Co-op Coordinator _____

I will attend: (Check all that apply)

Monday, June 16 Will attend Ice Cream Social # people

Tuesday, June 17 will attend Family Picnic # people

Wednesday, June 18 Will attend Dinner #people

Thursday, June 19

Friday, June 20

Mail to: **Bonnie Edgell**
1001 Sunnyside
Ligonier, Indiana 46767
edgellbonnie@hotmail.com

Please contact Turkey Run Inn to secure reservations as soon as possible--- 765-597-2211 --
- Turkey Run State Park, Marshall, In.

INDIVIDUAL ROOM RESERVATION

Mail or FAX to:
TURKEY RUN INN
Attention: Conference Coordinator
R.R. 1 Box 444
Marshall, IN 47859

Phone: (765) 597-2211
FAX: (765) 597-2660

(Please make reservations ASAP, usually they want them at least one month before the workshop to get the rate for the group and in the block of rooms reserved)

NAME OF GROUP: IICCA Workshop (Department of Education)

NAME: _____ TODAY'S DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____

DATE OF ARRIVAL: _____ DATE OF DEPARTURE: _____

IN YOUR GROUP: _____ ROOM TYPE (single: _____, double: _____,

Suite: _____, Cabin: _____

SMOKING: _____ NON-SMOKING: _____ DEPOSIT (1 Night Rate)

SHARING A ROOM? THEIR NAME: _____

CREDIT CARD TYPE: _____ CARD #: _____

EXP. DATE: _____

Make checks payable to: TURKEY RUN INN

Note: Deposit **must** accompany reservation. **Please check with Turkey Run about the Rates.**